Substitute for Form PTO-875										pplication or 9/610,704	Docket		
JAN 1 8 2005 CLAIMS AS FILED (Column 1)				PART I (Column 2)				SMALL ENTITY			OR	OTHER TI	
FOR	ant of	NUMBI	NUMBER FILED			NUMBER EXTRA			RATE	FEE		RATE	FEE
BASIC FEE (37 CFR 1.16(a))									s	OR		s	
	AL CLAIMS CFR 1.16(c))	16	minus	20 =	٠	0		1	x S		OR	x \$=	0
INDEPENDENT CLAIMS 2 minu (37 CFR 1.16(b))			s 3 =	•	0		x=			OR	x =	0	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))									+=		OR	+0 =	0
• If the difference in column I is less then zero, enter "0" in column 2									TOTAL		OR	TOTAL	\$0
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL ENTITY			OR	OTHER TH	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NI PRE	GHEST UMBER VIOUSLY AID FOR		ESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Ď	Total (37 CFR 1.16(c))	* 42	Minus	**	20	-	22		x \$	•	OR	x \$ <u>50</u> =	1,100
ME	Independent (37 CFR 1.16(b))	* 4	Minus	***	3	=	1		× — =		OR	x <u>200</u> =	200
A	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))								<u>+</u>	•	OR	+0 =	0
(Column 1) (Column 2) (Column 3)								_^[	TOTAL DDIT. FEE		ORA	TOTAL DDIT. FEE	\$1,300
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NI PRE	GHEST JMBER VIOUSLY IID FOR	i .	ESENT XTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MOIN	Total (37 CFR 1.16(c))	. 40	Minus	**	42	=	0		x \$=		OR	x \$=	0
ME	Independent (37 CFR 1.16(b))	4	Minus	***	4	=	0		x =		OR	x=	0
Y	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))								+		OR	+0=	0
(Column 1) (Column 2) (Column 3)							ΑĽ	TOTAL ODIT. FEE		OR	TOTAL DDIT. FEE	20	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NI PRE	GHEST JMBER VIOUSLY ID FOR		ESENT XTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Tota) (37 CFR 1.16(c))	•	Minus	**			0		x \$=		OR	x \$=	0
ME	Independent (37 CFR 1.16(b))	•	Minus	***		-	0		× —-		OR	× —=	0
Y	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(4))								+ =	-	OR	+ =	0
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								TOTAL ODIT. FEE		ORA	TOTAL DDIT. FEE	\$0
* If the entry in column 1 is less than the entry in column 2, write "V" in column 3.  * If the "Highest Number Previously Paid For" [N THIS SPACE is less than 20, enter "20".  ** If the "Highest Number Previously Paid For" [N THIS SPACE is less than 20, enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.